

United States Bankruptcy Court for the:

Northern District of Georgia

Case number (if known): _____

Chapter you are filing under:

- ☐ Chapter 7
☒ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. **Debtor's name** Associated Oral Specialties, Inc.

2. **All other names debtor used in the last 8 years** _____
 Include any assumed names, trade names, and *doing business as* names _____

3. **Debtor's federal Employer Identification Number (EIN)** 81-2508285

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>5671 Peachtree Dunwoody Road</u>	<u>297 East Paces Ferry Road</u>
	Number Street	Number Street
	<u>Suite 420</u>	<u>Suite 1006</u>
		P.O. Box
	<u>Atlanta GA 30342</u>	<u>Atlanta GA 30305</u>
	City State ZIP Code	City State ZIP Code
	<u>Fulton County</u>	Location of principal assets, if different from principal place of business
	County	Number Street
		City State ZIP Code

5. **Debtor's website (URL)** www.associatedoralspecialties.com

6. **Type of debtor**

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor Associated Oral Specialties, Inc.
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>.

6212

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____
MM / DD / YYYY
Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor Associated Oral Specialties, Inc. Case number (if known)

Name

11. Why is the case filed in *this district*?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number Street

City State ZIP Code

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
- Contact name _____
- Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor Associated Oral Specialties, Inc. Case number (if known)

16. Estimated liabilities

- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/14/2019
MM / DD / YYYY

X /s/ Freddie J. Wakefield, Jr.
Signature of authorized representative of debtor
Title CEO

Freddie J. Wakefield, Jr.
Printed name

18. Signature of attorney

X /s/ Will Geer
Signature of attorney for debtor

Date 01/14/2019
MM / DD / YYYY

Will Geer
Printed name

Wiggam & Geer, LLC
Firm name

50 Hurt Plaza, SW, Suite 1245
Number Street

Atlanta GA 30303
City State ZIP Code

6785878740 wgeer@wiggamgeer.com
Contact phone Email address

940493 GA
Bar number State

Fill in this information to identify the case:

Debtor name Associated Oral Specialties, Inc.
United States Bankruptcy Court for the: Northern District of Georgia
(State)
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*

\$ 249,928.96

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 249,928.96

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 1,086,275.42

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*

\$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+\$ 417,519.55

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ 1,503,794.97

Fill in this information to identify the case:Debtor name Associated Oral Specialties, Inc.United States Bankruptcy Court for the: Northern District of Georgia

Case number (If known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Neuronexus1, Inc. 227 Sandy Springs Place Suite D236 Sandy Springs, GA, 30328	Daryl Wakefield	Monies Loaned / Advanced				350,000.00
2	3M Unitek Corporation 2724 South Peck Road Monrovia, CA, 91016		Suppliers or Vendors				28,024.68
3	Henry Schein, Inc. 80 Summit View Lane Bastian, VA, 24314		Monies Loaned / Advanced				21,000.00
4	Benco Dental Company 295 Centerpoint Blvd. Pittston, PA, 18640		Suppliers or Vendors				7,339.91
5	Chase Bank, N.A. P.O. Box 15123 Wilmington, DE, 19850		Credit Card Debt				6,000.00
6	Southern Anesthesia and Surgical One Southern Court West Columbia, SC, 29169		Services				5,154.96
7							
8							

Debtor Associated Oral Specialties, Inc.
Name

Case number (if known) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Fill in this information to identify the case:Debtor name Associated Oral Specialties, Inc.United States Bankruptcy Court for the: Northern District of Georgia

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Chase Bank, N.A.Checking2 8 1 2\$ 0.00

3.2. _____

\$ _____

4. Other cash equivalents (Identify all)

4.1. _____

\$ _____

4.2. _____

\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 0.00**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____

\$ _____

7.2. _____

\$ _____

Debtor Associated Oral Specialties, Inc. Name Case number (if known)

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. \$

8.2. \$

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.

☒ Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: 49,928.96 - 0.00 = \$ 49,928.96
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 0.00 - 0.00 = \$ 0.00
face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 49,928.96

Part 4: Investments

13. Does the debtor own any investments?

☒ No. Go to Part 5.

☐ Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. \$

14.2. \$

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. % \$

15.2. % \$

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. \$

16.2. \$

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$

Debtor

Associated Oral Specialties, Inc.

Name

Case number (if known)

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ _____
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor

Associated Oral Specialties, Inc.

Name

Case number (if known)

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____36. **Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture See Exhibit "C" (Office Furniture)	\$ _____	Liquidation Value	\$ 30,000.00
40. Office fixtures	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software See Exhibit "B" (Computer, Software, A/V, and Phone Equipment)	\$ _____	Liquidation	\$ 20,000.00
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 50,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor

Associated Oral Specialties, Inc.

Name

Case number (if known)

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) See Exhibit "A" (Medical Supply Tools)			
	\$ _____	Liquidation Value	\$ 150,000.00
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ 150,000.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Debtor

Associated Oral Specialties, Inc.

Name

Case number (if known)

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$ _____	_____	\$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

Debtor

Associated Oral Specialties, Inc.

Name

Case number (if known)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____ — _____ = → \$ _____
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor

Associated Oral Specialties, Inc.

Name

Case number (if known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 49,928.96	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 50,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 150,000.00	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 249,928.96	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. 249,928.96		\$ 249,928.96

Qty	Manufacturer	Item Code	Description	Retail Price	Price	Total
Mechanical Room:						
1	MIDMAK	564-4083	PowerAir Oilless Comp 5-7	\$10,700.00	\$8,362.00	\$8,362.00
1	MIDMAK	386-2978	PowerVac G, Single 5 User	\$17,000.00	\$13,285.00	\$13,285.00
1	MIDMAK	564-2636	PowerAir Sound Cover, P32&	\$1,975.00	\$1,544.00	\$1,544.00
1	MIDMAK	564-2146	Water Bypass Syst, 3/4 in	\$1,315.00	\$1,028.00	\$1,028.00
1	MIDMAK	386-6978	Hg5 Amalgam Separator	\$1,310.00	\$1,024.00	\$1,024.00
1	MIDMAK	564-3070	Master Contrl Panl: 1A, 2V	\$389.00	\$304.00	\$304.00
			Subtotal:	\$32,689.00	\$25,547.00	\$25,547.00
Nitrous oxide plumbed System						
4	ACCUT	107-6191	Digtl Ultra Flshmnt Pkg G	\$5,636.00	\$4,637.00	\$18,548.00
4	ACCUT	107-1987	Remote Sliding BRacket Mt	\$523.40	\$405.00	\$1,620.00
1	ACCUT	119-6947	Digi-Flo Auto Swh Manifold	\$5,786.00	\$4,760.00	\$4,760.00
1	ACCUT	121-2220	Delux Portable Oxygen System	\$1,523.00	\$1,252.00	\$1,252.00
			Subtotal:	\$31,946.60	\$11,054.00	\$26,180.00
Sterilization						
1	MIDMAK		Steri Cabinets	\$41,678.29	\$37,130.00	\$37,130.00
1	MIDMAK	386-9830	M11 Ultraclave w/ Quiet Door	\$6,249.99	\$6,249.99	\$6,249.99
1	MIDMAK	386-3052	M3 UltraFast Auto Sterilizer	\$5,299.99	\$5,299.99	\$5,299.99
1	MIDMAK	387-7197	VistaCool Dbl Unit f/Conn	\$995.00	\$887.00	\$887.00
1	SCICAN	138-1358	Hydrim G4 Lg. Instru. Washr	\$9,299.99	\$9,299.99	\$9,299.99
1	L&R	101-8009	Maxisweep S310 3 Gallon Tank	\$1,199.99	\$1,199.99	\$1,199.99
1	L&R	924-7655	Draining Basket 12.3Lt/3Gallon	\$277.99	\$277.00	\$277.00
1	KAVO	628-0970	QUATTROcare Plus Maintenance	\$2,911.99	\$2,911.99	\$2,911.99
1	KAVO	628-3916	QUATTROcare MULTIflex Adapter	\$108.99	\$108.00	\$108.00
			Subtotal:	\$68,022.22	\$63,363.95	\$63,363.95

Qty	Manufacturer	Item Code	Description	Retail Price	Price	Total
Case 19-50715-pwb Doc 1 Filed 01/14/19 Entered 01/14/19 17:55:49 Desc Main Document Page 17 of 84						
Surgical Rooms 1 & 2:						
12	MIDMAK	109-2364	641 Programmable Oral Surgery Chair	\$16,884.00	\$14,842.00	\$178,104.00
2	MIDMAK	387-0838	641 Chair Uphostery TBD	\$1,190.00	\$1,061.00	\$2,122.00
2	MIDMAK	387-6505	9" Ceiling Mtd LED Light	\$3,795.00	\$3,381.00	\$6,762.00
2	MIDMAK		Surgery 12 O'clock Cabinet	\$16,050.06	\$14,299.00	\$28,598.00
1	HPRMED	121-8268	iM60 EDAN PM With CO2	\$4,899.99	\$4,442.00	\$4,442.00
1	HPRMED	121-0408	IM60/70/80 Rolling Stand	\$299.99	\$297.00	\$297.00
			Subtotal:	\$249,878.10	\$38,322.00	\$220,325.00
Open Operatories 1-6						
1			ADEC 511 Chair	\$0.00	\$0.00	\$0.00
6	ADEC	492-9044	Fndtn,511 Chair,No Uph	\$10,125.00	\$9,495.00	\$56,970.00
6	ADEC	492-8731	Seamless Upholstery	\$1,560.00	\$1,463.00	\$8,778.00
6	ADEC	492-8563	Footswitch,Programmable	\$495.00	\$465.00	\$2,790.00
6	ADEC	492-8550	Floor Box,Ctrd,511/311B	\$425.00	\$399.00	\$2,394.00
6	ADEC	492-8504	Acsy Power Cord, 120V	\$50.00	\$47.00	\$282.00
1			ADEC 533 Continental Delivery	\$0.00	\$0.00	\$0.00
6	ADEC	492-9046	Fndtn Price,533 DLXTP	\$10,460.00	\$9,809.00	\$58,854.00
6	ADEC	492-8711	STD Tray HLDR,500	\$430.00	\$404.00	\$2,424.00
6	ADEC	492-9141	pos[0],4-Hole Tubing	\$130.00	\$122.00	\$732.00
6	ADEC	492-9141	pos[0],4-Hole Tubing	\$130.00	\$122.00	\$732.00
6	ADEC	492-9162	EA53 LED Electric Motor	\$2,100.00	\$1,970.00	\$11,820.00
6	ADEC	492-8777	533 Adtl Whip	\$79.00	\$75.00	\$450.00
6	ADEC	492-8671	Elec Mtr Ctrl Mod,CM2.2	\$1,675.00	\$1,571.00	\$9,426.00
1	AD		A-dec LED Dental Track LT	\$0.00	\$0.00	\$0.00
6	ADEC	492-9100	Foundation Price 577 LED Light- Track Mou	\$5,310.00	\$4,980.00	\$29,880.00

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Qty	Manufacturer	Item Code	Description	Retail Price	Price	Total
1			Cabinets in Open Operator:	\$0.00	\$0.00	\$0.00
3	MIDMAK		Center Cabinets	\$18,167.00	\$16,185.00	\$48,555.00
3	MIDMAK		Assitant Side	\$4,642.00	\$4,136.00	\$12,408.00
3	MIDMAK		Doctors Side	\$6,508.00	\$5,798.00	\$17,394.00
6	MIDMAK		Rear Cabinet	\$9,085.00	\$8,094.00	\$48,564.00
6	MIDMAK		PWD with Assist Package	\$3,089.00	\$2,753.00	\$16,518.00
			Subtotal:	\$358,809.00	\$67,888.00	\$328,971.00
X-Ray Section:						
3	BELMON	144-1889	PHOT-xlls IO X-Ray 31-1/2In	\$6,525.00	\$5,368.00	\$16,104.00
1	ARIBEX	844-4400	NOMAD Pro2 60kV X-Ray BLK	\$7,995.00	\$7,892.00	\$7,892.00
1			DEXIS Digital X-ray Solution	\$0.00	\$0.00	\$0.00
1	DEXIS	135-9319	DEXIS Platinum Digital X-Ray Sensor	\$10,695.00	\$8,995.00	\$8,995.00
1	DEXIS	134-7078	DEXIS Software Starter Bundle w/ in-office	\$4,995.00	\$3,995.00	\$3,995.00
1	DEXIS	104-6441	DEXTwain connect OP300 FREE	\$1,995.00	\$0.00	\$0.00
1	INSTRM	171-6047	OP300 Maxio Pan/3D/Ceph	\$162,195.00	\$119,995.00	\$119,995.00
1			Acquisition Computer included	\$0.00	\$0.00	\$0.00
1			1 full day of on-site training	\$0.00	\$0.00	\$0.00
1			5 Year Warranty included	\$0.00	\$0.00	\$0.00
1			Shielding Design ProPhysics included	\$0.00	\$0.00	\$0.00
1			FREE attendance of 3D Universit in October	\$0.00	\$0.00	\$0.00
1			Access to Sleep Partner	\$0.00	\$0.00	\$0.00
1			Low Dose Technology included	\$0.00	\$0.00	\$0.00
1			Auto Dose control for 2D & 3D	\$0.00	\$0.00	\$0.00
			Subtotal:	\$207,450.00	\$146,245.00	\$156,981.00

Qty	Manufacturer	Item Code	Description	Retail Price	Price	Total
Case 19-50715-pwb Doc 1 Filed 01/14/19 Entered 01/14/19 17:55:49 Desc Main Document Page 19 of 84						
1	DELLEQ	822-0715	Dell Enhanced Server (SVR 2012)	\$3,299.99	\$3,299.99	\$3,299.99
1	HSDENT	822-0610	Server Install - 20 Work	\$1,150.00	\$1,150.00	\$1,150.00
3	DELLEQ	822-0738	Dell Server CAL 5 User	\$199.99	\$199.99	\$599.97
1	DELLEQ	822-0726	Dell 17 LED Monitor	\$179.00	\$179.00	\$179.00
1	SYNCOR	127-6465	Server Battery BackUp APC	\$225.95	\$225.95	\$225.95
3	SYNCOR	127-3865	Patch Cable 7 Ft	\$6.57	\$6.57	\$19.71
1	GRISOF	822-0770	Anti-Virus 1 Server	\$55.00	\$55.00	\$55.00
7	SYNCOR	127-2615	External Backup Drive	\$159.95	\$159.95	\$1,119.65
1	SYNCOR	127-8142	Standard Backup Software	\$379.95	\$379.95	\$379.95
1	HSDENT	822-0677	i-Backup System Install	\$160.00	\$160.00	\$160.00
Network						
1	DELLEQ	822-5285	Dell 24 Port Switch	\$379.99	\$379.99	\$379.99
1	HSDENT	822-0654	i-Switch Install	\$40.00	\$40.00	\$40.00
1	SYNCOR	127-7320	Watchguard Appliance + 3 Yr Security	\$1,150.00	\$1,150.00	\$1,150.00
1	HSDENT	822-0689	Firewall Appliance Install	\$100.00	\$100.00	\$100.00
1	SYNCOR	127-1929	Ruckus Enhanced WAP	\$500.00	\$500.00	\$500.00
1	SYNCOR	127-6499	Ruckus Power Injector	\$60.00	\$60.00	\$60.00
1	SYNCOR	127-0121	Ruckus Licensing	\$82.79	\$82.79	\$82.79
1	HSDENT	822-9720	Ruckus WAP Installation	\$220.00	\$220.00	\$220.00
1	SYNCOR	127-9337	Ruckus Mounting Kit	\$35.00	\$35.00	\$35.00
1	SYNCOR	127-1637	Standard Surge Protection	\$14.95	\$14.95	\$14.95
Front Desk and Business Offices						
5	DELLEQ	822-0722	Dell Power Plus PC	\$899.00	\$899.00	\$4,495.00
5	HSDENT	822-0650	i-Works New	\$400.00	\$400.00	\$2,000.00
1	DELLEQ	822-7505	VidCard HDMI+HDMI (3D)	\$219.00	\$219.00	\$219.00
5	DELLEQ	822-1193	Dell 19 LED Monitor (VGA)	\$179.00	\$179.00	\$895.00
5	DELLEQ	822-0737	Dell OEM MS Office	\$229.00	\$229.00	\$1,145.00
5	GRISOF	822-0770	Anti-Virus 1 User	\$55.00	\$55.00	\$275.00
5	SYNCOR	127-7523	Single Outlet Surge	\$9.36	\$9.00	\$45.00
10	SYNCOR	127-3865	Patch Cable 7 Ft	\$6.57	\$6.57	\$65.70

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Qty	Manufacturer	Item Code	Description	Retail Price	Price	Total
1	DELLEQ	822-6874	Basic All in One	\$559.99	\$559.99	\$559.99
1	TECDAT	874-5329	Elite Laser Printer	\$1,195.95	\$1,195.95	\$1,195.95
2	HSDENT	822-0656	i-Install Printer/Scanner	\$100.00	\$100.00	\$200.00
Consult						
1	DELLEQ	822-0722	Dell Power Plus PC	\$899.00	\$899.00	\$899.00
1	HSDENT	822-0650	i-Works New	\$400.00	\$400.00	\$400.00
1	DELLEQ	822-7505	VidCard HDMI+HDMI (3D)	\$219.00	\$219.00	\$219.00
1	DELLEQ	822-0706	Wireless Keyboard & Mouse	\$79.99	\$79.99	\$79.99
1	DELLEQ	822-8330	Dell 24 Wide LED Monitor (VGA)	\$299.00	\$299.00	\$299.00
1	GRISOF	822-0770	Anti-Virus 1 User	\$55.00	\$55.00	\$55.00
1	SYNCOR	127-7523	Single Outlet Surge	\$9.36	\$9.00	\$9.00
2	SYNCOR	127-3865	Patch Cable 7 Ft	\$6.57	\$6.57	\$13.14
Open Ops and Surgical						
8	DELLEQ	822-0722	Dell Power Plus PC	\$899.00	\$899.00	\$7,192.00
8	HSDENT	822-0650	i-Works New	\$400.00	\$400.00	\$3,200.00
8	DELLEQ	822-1193	Dell 19 LED Monitor (VGA)	\$179.00	\$179.00	\$1,432.00
8	GRISOF	822-0770	Anti-Virus 1 User	\$55.00	\$55.00	\$440.00
8	SYNCOR	127-7523	Single Outlet Surge	\$9.36	\$9.00	\$72.00
16	SYNCOR	127-3865	Patch Cable 7Ft	\$6.57	\$6.57	\$105.12
3-D Pan Room						
1	SYNCOR	127-3654	LX Vertical CPU Holder	\$88.00	\$88.00	\$88.00
1	SYNCOR	127-6412	LX Vertical Lift	\$549.00	\$549.00	\$549.00
1	HSDENT	822-0661	i-Arm Medium	\$120.00	\$120.00	\$120.00
1	HSDENT	822-0662	I-Arm Large	\$175.00	\$175.00	\$175.00
1	GRISOF	822-0770	Anti-Virus 1 User	\$55.00	\$55.00	\$55.00
1	SYNCOR	127-7523	Single Outlet Surge	\$9.36	\$9.00	\$9.00
2	SYNCOR	127-3865	Patch Cable 7Ft	\$6.57	\$6.57	\$13.14

Henry Schein Dental
800.645.6594

[illegible]

☒ **Henry Schein Financial Services**

☐ **Cash/Bank Financing**

SSN*:

SSN*:

DOB:

Bank Name:

Credit Card #:

Bank Officer:

Expiration:

Bank Phone:

Subtotal: \$770,734.60

Freight: \$200.00

7.000% **Tax:** \$53,965.42

Discount: \$127,432.73 **Total:** \$824,900.02

Deposit: **\$82,490.02**

Balance Due: \$742,410.00

THIS ORDER IS SUBJECT TO HENRY SCHEIN DENTAL TERMS AND CONDITIONS AND ANY SUPPLEMENTAL TERMS AND CONDITIONS PROVIDED WITH PURCHASES HEREUNDER, AND THE PURCHASER AGREES TO BE BOUND THEREBY.

Payment Terms: Minimum 10% deposit to initiate order with balance to be paid on the delivery of equipment or , whichever occurs first.

X _____
Purchaser's Signature

Date _____

X _____
Sales Specialist Date

Date _____

7/29/2016

Prices are in effect until

Acceptance by Henry Schein Dental

Date _____

Special Instructions

Henry Schein Dental
800.645.6594

Description	Qty	UOM	Price	Total
Server and Software				
Dell Poweredge Server..Windows Server 2012..Quad Core Xeon ..32GB Ram, (2) 4TB Sata Hard Drive, Raid..3 YR Warranty	1	Each	3,995.00	3,995.00
Dell DRAC for Securing Remote Access to Encrypted Server	1	Each	495.00	495.00
Encryption Software for Server	1	Each	149.00	149.00
Local 3D Server Backup System with Internalized Hard Drives for Fast Backup and Restore	1	Each	449.00	449.00
3.5" Hard Drive Caddy (F238F)	1	Each	29.00	29.00
Battery Backup for Server	1	Each	279.00	279.00
19" Dell Economy LCD for Server	1	Each	99.00	99.00
Small Articulating Wall Mount for Server Monitor	1	Each	69.00	69.00
Wired Keyboard and Mouse for Server Monitor	1	Each	0.00	0.00
Sonicwall VPN Network Router	1	Each	695.00	695.00
Wireless Access Point (WAP)	2	Each	129.00	258.00
Install and Configure Server	1	Each	895.00	895.00
Workstations and Accessories				
PC: Windows 7 Professional..Intel Core i5 Processor..8 GB Ram, 500GB Harddrive..8X DVD+/-RW SATA..3 YR NBD Warranty	18	Each	795.00	14,310.00
22" Dell LCD Monitor	10	Each	219.00	2,190.00
20" Dell LCD Flat Panel Monitor	8	Each	205.00	1,640.00
Recommend Microsoft Office 365	6	Each	0.00	0.00
Wireless Keyboard and Mouse	10	Each	79.00	790.00

Surge Protector for Workstation	18	Each	39.00	702.00
Video Card for 3D Viewing/Dual Video	18	Each	129.00	2,322.00
Install and Configure Workstations	18	Each	295.00	5,310.00
Printer and Scanner				
HP Monochrome LaserJet..Flatbed All-In-One..Print / Scan / Copy / Fax	1	Each	499.00	499.00
FD				
Epson Duplex Scanner	1	Each	399.00	399.00
FD				
HP LaserJet Personal Monochrome Printer	4	Each	129.00	516.00
DR, Consult, 2=Nurse				
Pan Mount Option				
Wall Mount for Monitor with Keyboard Arms	1	Each	299.00	299.00
Wall Mount for CPU	1	Each	105.00	105.00
Pan Cable Kit - SVGA/Power/USB/Surge	1	Each	129.00	129.00
Install wall mounts, run video cable, and configure video	1	Each	195.00	195.00
Networking and Cabling				
Network Rack System...Includes:..Wall Mounted Network Rack..Wall Strength Brackets..2 Shelves..24 Port Network Patch Panel..Neat Patch Cable Management..Hardware and Brackets	1	Each	795.00	795.00
24 Port Gigabit Network Switch	2	Each	395.00	790.00
24 Port POE Switch	1	Each	499.00	499.00
Conference Room Wiring Kit	1	Each	299.00	299.00
Run Cat 5e Cabling for Network	39	Each	120.00	4,680.00
Run Cat 5e Cabling for Telephone	21	Each	120.00	2,520.00

Run Coaxial and Cat5e Cabling for Television	13	Each	150.00	1,950.00
Run BNC Cabling for Surveillance Camera	12	Each	120.00	1,440.00
Video System				
60" LED TV	1	Each	699.00	699.00
Conference				
50" LED TV	2	Each	449.00	898.00
2=Lobby				
32" LED TV	2	Each	209.00	418.00
DR Lounge, DR Office				
Medium Flat/Tilting Wall Mount for TV	5	Each	99.00	495.00
Commercial Surge Protector for Television	5	Each	15.00	75.00
25FT HDMI Audio/Video Hi-Definition Cable	1	Each	75.00	75.00
Conference Phone				
Install wall mounts, run video cable, and configure video	5	Each	195.00	975.00
Audio System				
SONOS CONNECT Receiver	1	Each	399.00	399.00
70V Amp for Sonos Player	1	Each	249.00	249.00
Ceiling Speaker Assembly	22	Each	69.00	1,518.00
Correcting Volume Control - Stainless Steel	14	Each	39.00	546.00
Install 22 Ceiling Speakers and 14 Volume Controls	36	Each	60.00	2,160.00
Telephone System				
Allworx Network 6x Server for up to 30 users, expandable up to 60 users; includes 4yr extended hardware warranty and 5yr software maintenance package	1	Each	1,800.00	1,800.00
Allworx 24 programmable button phone with power supply	11	Each	259.00	2,849.00

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Battery Backup for Allworx Server	1	Each	69.00	69.00
8-outlet AC surge protector,plus protection for 4 telephone or DSL lines, 1 T1/LL & 1 LAN line	1	Each	159.00	159.00
Install and configure users and extensions	1	Each	495.00	495.00
Surveillance Camera System				
DVR w/ HDD - 16 Port	1	Each	1,499.00	1,499.00
Indoor / Outdoor Dome Surveillance Camera	12	Each	99.00	1,188.00
Install and configure surveillance camera system	1	Each	195.00	195.00
Information Technology Specialist for the Dental Industry	Subtotal			\$66,552.00
Phone	Fax		Sales Tax	\$3,236.24
770-918-0075	770-918-0076		Payments Applied	\$0.00
Manage your billing email through our client portal:	Total			\$69,788.24



corporate interiors

AOS| REVISED | 9.13.16

AOS Business:

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 1	Global Industries, Inc. - USA Global Seating	4	\$307.43	\$1,229.72

6322-0 VION, Mesh Back, Medium Back, Synchro-Tilter w/ Back Angle Adjustment, Std Adj. Height & Width T-arms w/ Front to Back Sliding Armcap, Std Molded Black Base, Std 2" Dual Wheel Carpet Casters, GLOBAL SEATING USA

Tag1: AOS Business

Item Finishes & Options:

Mesh Back Options (Required) : M-Rope, Mesh Back [MS73] (MS73)

Single Fabric Upholstered Selection : Grade 04 (~04)

Grade 04 : Allante (~ALLA)

Allante : 1-Light Sand (A25E)

Arm Options (Required) : A-(STD) Height + Width Adj.,

Forward and Back Sliding Armcap (AS)

Lumbar Support Pad Option : (STD) w/o Lumbar Support Pad (~)

Frame Options (Required) : F-(STD) Black Frame [BLK] (BK)

Cylinder Options : (STD) 4" Soft Descent Cylinder (~)

Caster / Glide Options : C-(STD) Black, 2" Dual-Wheel Caster [C1] (~)

Memory Foam Option : (STD) (~)

Packing Option : (STD) RTA Code in Pricebook per Model (~)

AOS Business.....\$1,229.72

AOS Business Manager:



corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 2	Global Industries, Inc. - USA Global Casegoods & Tables	1	\$594.33	\$594.33

Z3060F3L Single Pedestal Desks-Freestanding Box/Box/File Ped on Left
and Faux Ped on Right - 29.69D x 60W x 29-29.5H, ZIRA

Tag1: AOS Business Manager

Item Finishes & Options:

Zira Top Finishes : Zira Top Finishes (~ZTOP)

Zira Top Finishes : 1-Shaker Cherry (SKC)

Zira Chassis Finishes : Zira Chassis Finishes (~ZCHASS)

Zira Chassis Finishes - : 2-Shaker Cherry (SKC)

Laminate Top Option : (STD) Thermally Fused Laminate, High
Performance (1" Thick) (~)

Top Thickness/Edge Options (Required) : F-1" Top, 3mm Edge
(A3)

Modesty Panel Options : M-3/4 Laminate Modesty Panel (10"
A.F.F.) (3MP)

Handle Option : Handle Option (~)

Handle Option : M-Handle - Matte Black (HU)

Lock Finish (Required) : M-Black Lock (BK)

Key Options : C-Key Random (STD) (K-STD)

Grommet/Elelctrical Cut-Out Options - Left Position :

Grommet/Electrical Not Required - Left Position (~)

Grommet/Electrical Cut-Out Options - Center Position :

Grommet/Electrical Not Required - Center Position (~)

Grommet/Elelctrical Cut-Out Options - Right Position :

Grommet/Electrical Not Required - Right Position (~)

Custom Grommet Location (Application Drawing Required) :

Grommet/Electrical Not Required - Custom Grommet Location
(~)



corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 3	Global Industries, Inc. - USA Global Seating	1	\$307.43	\$307.43

6322-0 VION, Mesh Back, Medium Back, Synchro-Tilter w/ Back Angle Adjustment, Std Adj. Height & Width T-arms w/ Front to Back Sliding Armcap, Std Molded Black Base, Std 2" Dual Wheel Carpet Casters, GLOBAL SEATING USA

Tag1: AOS Business Manager

Item Finishes & Options:

Mesh Back Options (Required) : M-Rope, Mesh Back [MS73] (MS73)

Single Fabric Upholstered Selection : Grade 04 (~04)

Grade 04 : Allante (~ALLA)

Allante : 1-Light Sand (A25E)

Arm Options (Required) : A-(STD) Height + Width Adj.,

Forward and Back Sliding Armcap (AS)

Lumbar Support Pad Option : (STD) w/o Lumbar Support Pad (~)

Frame Options (Required) : F-(STD) Black Frame [BLK] (BK)

Cylinder Options : (STD) 4" Soft Descent Cylinder (~)

Caster / Glide Options : C-(STD) Black, 2" Dual-Wheel Caster [C1] (~)

Memory Foam Option : (STD) (~)

Packing Option : (STD) RTA Code in Pricebook per Model (~)

Line: 4	Global Industries, Inc. - USA Global Seating	2	\$221.13	\$442.26
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6325 VION, Armchair, Wall Saver, Mesh Back, Std 4 Legged Base, Glides, Stacks 4 High on Floor, Stacks 8 High on Dolly, GLOBAL SEATING USA

Tag1: AOS Business Manager

Item Finishes & Options:

Mesh Back Options (Required) : M-Rope, Mesh Back [MS73] (MS73)

Single Fabric Upholstered Selection : Grade 04 (~04)

Grade 04 : Allante (~ALLA)

Allante : 1-Light Sand (A25E)

Frame Options (Required) : F-(STD) Black Frame [BLK] (BK)

Glide Options : (STD) Black Glide (~)

Packing Option : (STD) RTA Code in Pricebook per Model (~)



Customer: DMA CORPORATE INTERIORS

Sales Rep: Ashley Cash cash@imaci.net

Proposal

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corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 5	Teknion LLC - Complements under \$10K List	1	\$118.13	\$118.13

YEYPCUG Power Cube, Power/USB, Grommet Kit

Tag1: AOS Business Manager

Item Finishes & Options:

Case Finish : *D* Gris (95)

Country of Installation : United States or Canada (A)

AOS Business Manager.....\$1,462.15

AOS Conference Rm:

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 6	Global Industries, Inc. - USA Global Casegoods & Tables	1	\$71.84	\$71.84

A-BL-B-B-B Telecom Plates-Black plate, (3) RJ45 CAT6 data, TABLE POWER

Tag1: AOS Conference Rm

Item Finishes & Options:

Split Cables Off Factory Order - Required (Order Entry) : M-

Split Cables Off Factory Order - Required (Order Entry) (ECA)

Line: 7	Global Industries, Inc. - USA Global Casegoods & Tables	1	\$116.16	\$116.16
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A-BL-C45-C51-L Telecom Plates-Black plate, (1) HDMI F/F with 36" patchcord, TABLE POWER

Tag1: AOS Conference Rm

Item Finishes & Options:

Split Cables Off Factory Order - Required (Order Entry) : M-

Split Cables Off Factory Order - Required (Order Entry) (ECA)

Line: 8	Global Industries, Inc. - USA Global Casegoods & Tables	1	\$641.45	\$641.45
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OAM-A-PC-B Oasis Mini A, Corded, Black, 15" troughw/ 6 receptacles, and telecom plate cutouts - sold separate, TABLE POWER

Tag1: AOS Conference Rm

Item Finishes & Options:

Split Cables Off Factory Order - Required (Order Entry) : M-

Split Cables Off Factory Order - Required (Order Entry) (ECA)



Sales Rep: Ashley Cash cash@imaci.net

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Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 9	Global Industries, Inc. - USA Global Caseloads & Tables	1	\$1,776.93	\$1,776.93
Z48120RE E	Boardroom table. 2 doors on base for wire management access on both sides. 120Wx48Dx29.5H, ZIRA			

Tag1: AOS Conference Rm

Item Finishes & Options:

Laminate Top Option : (STD) Thermally Fused Laminate, High Performance (1" Thick) (~)

Zira Top Finishes : Zira Top Finishes (~ZTOP)

Zira Top Finishes : 1-Shaker Cherry (SKC)

Table Thickness/ Edge Options (Required) : F-1.5" Top, 3mm Edge (C3)

Zira Laminate Outer Base Finishes : Zira Laminate Outer Base Finishes (~ZBASE)

Zira Laminate Outer Base Finishes - : 2-Shaker Cherry (SKC)

Zira Inner Base Trim Finish (Required) : M-Black, Inner Base Trim (BLK)

Grommet/Electrical Options - Left Position :

Grommet/Electrical Not Required - Left Position (~)

Grommet/Electrical Options - Center Position :

Grommet/Electrical Options - Center Position (~POS2)

Grommet/Electrical Cut-Out Options - Center Position : M-Oasis Cut-Out (Spec Elec. Box Sep.) (M2)

Grommet/Electrical Options - Right Position :

Grommet/Electrical Not Required - Right Position (~)

Custom Grommet Location (Application Drawing Required) :

Grommet/Electrical Not Required - Custom Grommet Location (~)



Customer: IMA CORPORATE INTERIORS

Sales Rep: Ashley Cash cash@imaci.net

Proposal

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corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 10	Global Industries, Inc. - USA Global Seating	10	\$323.76	\$3,237.60

6321-0 VION, Mesh Back, High Back, Synchro-Tilter w/ Back Angle Adjustment, Std Adj. Height & Width T-arms w/ Front to Back Sliding Armcap, Std Molded Black Base, Std 2" Dual Wheel Carpet Casters, GLOBAL SEATING USA

Tag1: AOS Conference Rm

Item Finishes & Options:

Mesh Back Options (Required) : M-Rope, Mesh Back [MS73] (MS73)

Single Fabric Upholstered Selection : Grade 04 (~04)

Grade 04 : Allante (~ALLA)

Allante : 1-Light Sand (A25E)

Arm Options (Required) : A-(STD) Height + Width Adj.,

Forward and Back Sliding Armcap (AS)

Lumbar Support Pad Option : (STD) w/o Lumbar Support Pad (~)

Frame Options (Required) : F-(STD) Black Frame [BLK] (BK)

Cylinder Options : (STD) 4" Soft Descent Cylinder (~)

Caster / Glide Options : C-(STD) Black, 2" Dual-Wheel Caster [C1] (~)

Memory Foam Option : (STD) (~)

Packing Option : (STD) RTA Code in Pricebook per Model (~)

AOS Conference Rm.....\$5,843.98

AOS Consult:



Customer: IMM-CORPORATE INTERIORS

Sales Rep: Ashley Cash cash@imaci.net

Proposal

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corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 11	Global Industries, Inc. - USA Global Caseloads & Tables	1	\$594.33	\$594.33

Z3060F3L Single Pedestal Desks-Freestanding Box/Box/File Ped on Left and Faux Ped on Right - 29.69D x 60W x 29-29.5H, ZIRA

Tag1: AOS Consult

Item Finishes & Options:

Zira Top Finishes : Zira Top Finishes (~ZTOP)

Zira Top Finishes : 1-Shaker Cherry (SKC)

Zira Chassis Finishes : Zira Chassis Finishes (~ZCHASS)

Zira Chassis Finishes - : 2-Shaker Cherry (SKC)

Laminate Top Option : (STD) Thermally Fused Laminate, High Performance (1" Thick) (~)

Top Thickness/Edge Options (Required) : F-1" Top, 3mm Edge (A3)

Modesty Panel Options : Laminate Full to Floor Modesty (STD) (~)

Handle Option : Handle Option (~)

Handle Option : M-Handle - Matte Black (HU)

Lock Finish (Required) : M-Black Lock (BK)

Key Options : C-Key Random (STD) (K-STD)

Grommet/Electrical Cut-Out Options - Left Position :

Grommet/Electrical Not Required - Left Position (~)

Grommet/Electrical Cut-Out Options - Center Position :

Grommet/Electrical Not Required - Center Position (~)

Grommet/Electrical Cut-Out Options - Right Position :

Grommet/Electrical Not Required - Right Position (~)

Custom Grommet Location (Application Drawing Required) :

Grommet/Electrical Not Required - Custom Grommet Location

(~)



corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 12	Global Industries, Inc. - USA Global Seating	1	\$307.43	\$307.43

6322-0 VION, Mesh Back, Medium Back, Synchro-Tilter w/ Back Angle Adjustment, Std Adj. Height & Width T-arms w/ Front to Back Sliding Armcap, Std Molded Black Base, Std 2" Dual Wheel Carpet Casters, GLOBAL SEATING USA

Tag1: AOS Consult

Item Finishes & Options:

Mesh Back Options (Required) : M-Rope, Mesh Back [MS73] (MS73)

Single Fabric Upholstered Selection : Grade 04 (~04)

Grade 04 : Allante (~ALLA)

Allante : 1-Light Sand (A25E)

Arm Options (Required) : A-(STD) Height + Width Adj.,

Forward and Back Sliding Armcap (AS)

Lumbar Support Pad Option : (STD) w/o Lumbar Support Pad (~)

Frame Options (Required) : F-(STD) Black Frame [BLK] (BK)

Cylinder Options : (STD) 4" Soft Descent Cylinder (~)

Caster / Glide Options : C-(STD) Black, 2" Dual-Wheel Caster [C1] (~)

Memory Foam Option : (STD) (~)

Packing Option : (STD) RTA Code in Pricebook per Model (~)

Line: 13	Global Industries, Inc. - USA Global Seating	2	\$221.13	\$442.26
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6325 VION, Armchair, Wall Saver, Mesh Back, Std 4 Legged Base, Glides, Stacks 4 High on Floor, Stacks 8 High on Dolly, GLOBAL SEATING USA

Tag1: AOS Consult

Item Finishes & Options:

Mesh Back Options (Required) : M-Rope, Mesh Back [MS73] (MS73)

Single Fabric Upholstered Selection : Grade 04 (~04)

Grade 04 : Allante (~ALLA)

Allante : 1-Light Sand (A25E)

Frame Options (Required) : F-(STD) Black Frame [BLK] (BK)

Glide Options : (STD) Black Glide (~)

Packing Option : (STD) RTA Code in Pricebook per Model (~)



Customer: IMA CORPORATE INTERIORS

Sales Rep: Ashley Cash cash@imaci.net

Proposal

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9/21/2016

corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 14	Teknion LLC - Complements under \$10K List	1	\$118.13	\$118.13

YEYPCUG Power Cube, Power/USB, Grommet Kit

Tag1: AOS Consult

Item Finishes & Options:

Case Finish : *D* Gris (95)

Country of Installation : United States or Canada (A)

AOS Consult.....\$1,462.15

AOS Dr Lounge:

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 15	Global Industries, Inc. - USA Global Caseloads & Tables	1	\$454.85	\$454.85

GRB28 28" Dia x 28"H, Round Base, Seating Height, Plate Base w/ 3" Dia x 27.5"h Column, Fully Assembled, 1/2" Adj. Glides, Use w/ Either GxBT42,48, GRxxWTP or GBTxWTP Top, SWAP, TABLES

Tag1: AOS Dr Lounge

Item Finishes & Options:

SWAP Base Finishes : SWAP Base Finishes (~SBASE)

SWAP Base Finishes : 1-Tungsten (TUN)

Line: 16	Global Industries, Inc. - USA Global Caseloads & Tables	1	\$165.61	\$165.61
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GRBTP42 42" Dia x 1"H, Round, Top Only, 1 Base Required, Use w/ GRB28 Base, SWAP, TABLES

Tag1: AOS Dr Lounge

Item Finishes & Options:

Laminate Top Option : (STD) Thermally Fused Laminate, High Performance (1" Thick) (~)

SWAP Laminate Top Finishes : SWAP Laminate Top Finishes (~SLAM)

SWAP Laminate Top Finishes : 1-Shaker Cherry (SKC)

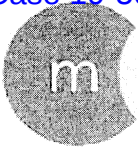


Sales Rep: Ashley Cash cash@imaci.net

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corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 17	Global Industries, Inc. - USA Global Seating	1	\$305.56	\$305.56
3870	WIND, 24" Dia x 17"h, Round Table w/ Laminate Top, Std Metal Frame, GLOBAL SEATING USA			
	Tag1: AOS Dr Lounge			
	Item Finishes & Options: Wind Laminate Top Options : Wind Laminate Top Options (~WLTP) Wind Laminate Top Options : 1-Shaker Cherry [SKC] (SKC) Metal Leg Finish (Required) : M-Black Legs [BLK] (L-BLK)			
Line: 18	Global Industries, Inc. - USA Global Seating	4	\$307.43	\$1,229.72
6322-0	VION, Mesh Back, Medium Back, Synchro-Tilter w/ Back Angle Adjustment, Std Adj. Height & Width T-arms w/ Front to Back Sliding Armcap, Std Molded Black Base, Std 2" Dual Wheel Carpet Casters, GLOBAL SEATING USA			
	Tag1: AOS Dr Lounge			
	Item Finishes & Options: Mesh Back Options (Required) : M-Rope, Mesh Back [MS73] (MS73) Single Fabric Upholstered Selection : Grade 04 (~04) Grade 04 : Allante (~ALLA) Allante : 1-Light Sand (A25E) Arm Options (Required) : A-(STD) Height + Width Adj., Forward and Back Sliding Armcap (AS) Lumbar Support Pad Option : (STD) w/o Lumbar Support Pad (~) Frame Options (Required) : F-(STD) Black Frame [BLK] (BK) Cylinder Options : (STD) 4" Soft Descent Cylinder (~) Caster / Glide Options : C-(STD) Black, 2" Dual-Wheel Caster [C1] (~) Memory Foam Option : (STD) (~) Packing Option : (STD) RTA Code in Pricebook per Model (~)			



Customer: IMA CORPORATE INTERIORS

Sales Rep: Ashley Cash cash@imaci.net

Proposal

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corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 19	Global Industries, Inc. - USA Global Seating	4	\$207.13	\$828.52
6324	VION, Side Chair, Wall Saver, Mesh Back, Armless, Std 4 Legged Base, Glides, Stacks 4 High on Floor, Stacks 8 High on Dolly, GLOBAL SEATING USA			
	Tag1: AOS Dr Lounge			
	Item Finishes & Options: Mesh Back Options (Required) : M-Rope, Mesh Back [MS73] (MS73) Single Fabric Upholstered Selection : Grade 04 (~04) Grade 04 : Allante (~ALLA) Allante : 1-Light Sand (A25E) Frame Options (Required) : F-Tungsten Frame [TUN] (TU) Glide Options : (STD) Black Glide (~) Packing Option : (STD) RTA Code in Pricebook per Model (~)			
Line: 20	Global Industries, Inc. - USA Global Seating	1	\$790.04	\$790.04
ML2630	ML, 26"w x 30"d x 34"h, Lounge Chair, Std Steel Frame, Glides, GLOBAL SEATING USA			
	Tag1: AOS Dr Lounge			
	Item Finishes & Options: Dual Fabric Upholstered Selection : Grade 08 (~08) Grade 04 Seat : Allante (~ALLA) Allante : 1-Pearl Grey Seat (A46E) Grade 09 Back : ARCCOM (~ARCCOM) MOONBEAM #2 : MOONSTONE #24 Back (AC-60581) Frame Options (Required) : F-Black Frame [BLK] (BK) Fixed Back Cushion Option : M-Fixed Back Cushion (FC)			
Line: 21	Global Industries, Inc. - USA Global Seating	1	\$1,857.31	\$1,857.31
ML6634	ML Park, Overall 66"w x 34"d x 32"h, 2 Seat Sofa w/ Back Cushion (Behind Middle Cushion Only), Std Steel Frame , Glides, GLOBAL SEATING USA			
	Tag1: AOS Dr Lounge			
	Item Finishes & Options: Dual Fabric Upholstered Selection : Grade 08 (~08) Grade 04 Seat : Allante (~ALLA) Allante : 1-Pearl Grey Seat (A46E) Grade 09 Back : ARCCOM (~ARCCOM) MOONBEAM #2 : MOONSTONE #24 Back (AC-60581) Frame Options (Required) : F-Black Frame [BLK] (BK) Fixed Back Cushion Option : M-Fixed Back Cushion (FC)			



corporate interiors

AOS Dr Lounge.....\$5,631.61

AOS Nurse Stations:

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 22	Global Industries, Inc. - USA Global Seating	4	\$402.60	\$1,610.40

6332-0MO VION MO, Upholstered Back w/ Matching Outer Back Upholstery, Medium Back, Synchro-Tilter w/ Back Angle Adjustment, Std Adj. Height & Width T-arms w/ Front to Back Sliding Armcap, Std Molded Black Base, Std 2" Dual Wheel Carpet Casters, GLOBAL SEATING USA

Tag1: AOS Nurse Stations

Item Finishes & Options:

Single Fabric Upholstered Selection : Grade 04 (~04)

Grade 04 : Allante (~ALLA)

Allante : 1-Light Sand (A25E)

Arm Options (Required) : A-(STD) Height + Width Adj.,

Forward and Back Sliding Armcap (AS)

Lumbar Support Pad Option : (STD) w/o Lumbar Support Pad

(~)

Frame Options (Required) : F-(STD) Black Frame [BLK] (BK)

Caster / Glide Options : C-Black, 2.5" Dual-Wheel Urethane

Caster (C9R)

Memory Foam Option : (STD) (~)

AOS Nurse Stations.....\$1,610.40

AOS Pre Post Op:

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 23	Global Industries, Inc. - USA Global Seating	2	\$268.71	\$537.42

6335MO VION MO, Armchair, Wall Saver, Upholstered Back w/ Matching Outer Back Upholstery, Std 4 Legged Base, Glides, Stacks 4 High on Floor, Stacks 8 High on Dolly, GLOBAL SEATING USA

Tag1: AOS Pre Post Op

Item Finishes & Options:

Single Fabric Upholstered Selection : Grade 04 (~04)

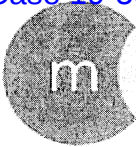
Grade 04 : Allante (~ALLA)

Allante : 1-Light Sand (A25E)

Frame Options (Required) : F-(STD) Black Frame [BLK] (BK)

Glide Option : (STD) Black Glide (~)

AOS Pre Post Op.....\$537.42



Sales Rep: Ashley Cash cash@imaci.net

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corporate interiors

AOS Private Office:

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 24	Global Industries, Inc. - USA Global Casegoods & Tables	1	\$252.85	\$252.85
Z2448ER	Right Flush Return w/no pedestal - 24D x 48W x 29H, ZIRA			

Tag1: AOS Private Office

Item Finishes & Options:

Laminate Top Option : (STD) Thermally Fused Laminate, High Performance (1" Thick) (~)

Zira Top Finishes : Zira Top Finishes (~ZTOP)

Zira Top Finishes : 1-Shaker Cherry (SKC)

Modesty Height Options : M-3/4 Modesty Panel (10" A.F.F) (3MP)

Zira Chassis Finishes : Zira Chassis Finishes (~ZCHASS)

Zira Chassis Finishes - : 2-Shaker Cherry (SKC)

Table Thickness/ Edge Options (Required) : F-1" Top, 3mm Edge (A3)

Grommet/Elelctrical Cut-Out Options - Left Position :

Grommet/Electrical Not Required - Left Position (~)

Grommet/Electrical Cut-Out Options - (STD) Center Position :

Grommet/Electrical Cut-Out Options - Center Position (~POS2)

Grommet/Electrical Cut-Out Options - Center Position : M-

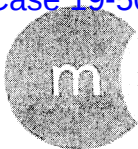
Removal of Grommet w/ Cover (RSG)

Grommet/Elelctrical Cut-Out Options - Right Position :

Grommet/Electrical Not Required - Right Position (~)

Custom Grommet Location (Application Drawing Required) :

Grommet/Electrical Not Required - Custom Grommet Location (~)



corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 25	Global Industries, Inc. - USA Global Caseloads & Tables	1	\$632.12	\$632.12

Z3072F3L Single Pedestal Desks-Freestanding Box/Box/File Ped on Left and Faux Ped on Right - 29.69D x 72W x 29-29.5H, ZIRA

Tag1: AOS Private Office

Item Finishes & Options:

Laminate Top Option : (STD) Thermally Fused Laminate, High Performance (1" Thick) (~)

Zira Top Finishes : Zira Top Finishes (~ZTOP)

Zira Top Finishes : 1-Shaker Cherry (SKC)

Zira Chassis Finishes : Zira Chassis Finishes (~ZCHASS)

Zira Chassis Finishes - : 2-Shaker Cherry (SKC)

Top Thickness/Edge Options (Required) : F-1" Top, 3mm Edge (A3)

Modesty Panel Options : Laminate Full to Floor Modesty (STD) (~)

Handle Option : Handle Option (~)

Handle Option : M-Handle - Matte Black (HU)

Lock Finish (Required) : M-Black Lock (BK)

Key Options : C-Key Random (STD) (K-STD)

Grommet/Electrical Cut-Out Options - Left Position :

Grommet/Electrical Not Required - Left Position (~)

Grommet/Electrical Cut-Out Options - Center Position :

Grommet/Electrical Not Required - Center Position (~)

Grommet/Electrical Cut-Out Options - Right Position :

Grommet/Electrical Not Required - Right Position (~)

Custom Grommet Location (Application Drawing Required) :

Grommet/Electrical Not Required - Custom Grommet Location (~)

Line: 26	Global Industries, Inc. - USA Global Caseloads & Tables	1	\$506.63	\$506.63
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Z30M2XN 28" H Storage Shell -W/2 Box Drawers on Left/Open Shelf on
SL Right/1 Lat. File on Bottom - 19.3D x 30W x 28H, ZIRA

Tag1: AOS Private Office

Item Finishes & Options:

Zira Storage Base Finishes : Zira Storage Base Finishes (~ZBSE)

Zira Storage Base Finishes : 1-Shaker Cherry (SKC)

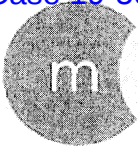
Convert File to Box Box Option (Pos.1) : File Drawer (STD) (~)

Collator Options : M-Black Collator, Pos. 2 (2K)

Handle Option (Required) : Handle Option (Required) (~HAN)

Handle Option (Required) - : P-Handle - Matte Black (HU)

Key Options : C-Key Random (STD) (K-STD)



Customer: IMA CORPORATE INTERIORS

Sales Rep: Ashley Cash cash@imaci.net

Proposal

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corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 27	Global Industries, Inc. - USA Global Seating	1	\$305.56	\$305.56
3870	WIND, 24" Dia x 17"h, Round Table w/ Laminate Top, Std Metal Frame, GLOBAL SEATING USA			
	Tag1: AOS Private Office			
	Item Finishes & Options: Wind Laminate Top Options : Wind Laminate Top Options (~WLTP) Wind Laminate Top Options : 1-Shaker Cherry [SKC] (SKC) Metal Leg Finish (Required) : M-Black Legs [BLK] (L-BLK)			
Line: 28	Global Industries, Inc. - USA Global Seating	1	\$323.76	\$323.76
6321-0	VION, Mesh Back, High Back, Synchro-Tilter w/ Back Angle Adjustment, Std Adj. Height & Width T-arms w/ Front to Back Sliding Armcap, Std Molded Black Base, Std 2" Dual Wheel Carpet Casters, GLOBAL SEATING USA			
	Tag1: AOS Private Office			
	Item Finishes & Options: Mesh Back Options (Required) : M-Rope, Mesh Back [MS73] (MS73) Single Fabric Upholstered Selection : Grade 04 (~04) Grade 04 : Allante (~ALLA) Allante : 1-Light Sand (A25E) Arm Options (Required) : A-(STD) Height + Width Adj., Forward and Back Sliding Armcap (AS) Lumbar Support Pad Option : (STD) w/o Lumbar Support Pad (~) Frame Options (Required) : F-(STD) Black Frame [BLK] (BK) Cylinder Options : (STD) 4" Soft Descent Cylinder (~) Caster / Glide Options : C-(STD) Black, 2" Dual-Wheel Caster [C1] (~) Memory Foam Option : (STD) (~) Packing Option : (STD) RTA Code in Pricebook per Model (~)			



corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 29	Global Industries, Inc. - USA Global Seating	2	\$229.74	\$459.48
6325	VION, Armchair, Wall Saver, Mesh Back, Std 4 Legged Base, Glides, Stacks 4 High on Floor, Stacks 8 High on Dolly, GLOBAL SEATING USA			
	Tag1: AOS Private Office			
	Item Finishes & Options: Mesh Back Options (Required) : M-Rope, Mesh Back [MS73] (MS73) Single Fabric Upholstered Selection : Grade 04 (~04) Grade 04 : Allante (~ALLA) Allante : 1-Light Sand (A25E) Frame Options (Required) : F-(STD) Black Frame [BLK] (BK) Glide Options : (STD) Black Glide (~) Packing Option : (STD) RTA Code in Pricebook per Model (~)			
Line: 30	Global Industries, Inc. - USA Global Seating	1	\$1,857.31	\$1,857.31
ML6634	ML Park, Overall 66"w x 34"d x 32"h, 2 Seat Sofa w/ Back Cushion (Behind Middle Cushion Only), Std Steel Frame , Glides, GLOBAL SEATING USA			
	Tag1: AOS Private Office			
	Item Finishes & Options: Dual Fabric Upholstered Selection : Grade 08 (~08) Grade 04 Seat : Allante (~ALLA) Allante : 1-Light Sand Seat (A25E) Grade 10 Back : ARCCOM (~ARCCOM) MURANO : BUTTERSCOTCH #2 Back (AC-69771) Frame Options (Required) : F-Black Frame [BLK] (BK) Fixed Back Cushion Option : M-Fixed Back Cushion (FC)			
Line: 31	Teknion LLC - Complements under \$10K List	1	\$118.13	\$118.13
YEYPCUG	Power Cube, Power/USB, Grommet Kit			
	Tag1: AOS Private Office			
	Item Finishes & Options: Case Finish : *D* Gris (95) Country of Installation : United States or Canada (A)			

AOS Private Office.....\$4,455.84

AOS Reception:



corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 32	Global Industries, Inc. - USA Global Seating	4	\$307.43	\$1,229.72

6322-0 VION, Mesh Back, Medium Back, Synchro-Tilter w/ Back Angle Adjustment, Std Adj. Height & Width T-arms w/ Front to Back Sliding Armcap, Std Molded Black Base, Std 2" Dual Wheel Carpet Casters, GLOBAL SEATING USA

Tag1: AOS Reception

Item Finishes & Options:

Mesh Back Options (Required) : M-Rope, Mesh Back [MS73] (MS73)

Single Fabric Upholstered Selection : Grade 04 (~04)

Grade 04 : Allante (~ALLA)

Allante : 1-Light Sand (A25E)

Arm Options (Required) : A-(STD) Height + Width Adj.,

Forward and Back Sliding Armcap (AS)

Lumbar Support Pad Option : (STD) w/o Lumbar Support Pad (~)

Frame Options (Required) : F-(STD) Black Frame [BLK] (BK)

Cylinder Options : (STD) 4" Soft Descent Cylinder (~)

Caster / Glide Options : C-(STD) Black, 2" Dual-Wheel Caster [C1] (~)

Memory Foam Option : (STD) (~)

Packing Option : (STD) RTA Code in Pricebook per Model (~)

AOS Reception.....\$1,229.72

AOS Staff Lounge:

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 33	Global Industries, Inc. - USA Global Casegoods & Tables	1	\$454.85	\$454.85

GRB28 28" Dia x 28"H, Round Base, Seating Height, Plate Base w/ 3" Dia x 27.5"h Column, Fully Assembled, 1/2" Adj. Glides, Use w/ Either GxBT42,48, GRxxWTP or GBTxWTP Top, SWAP, TABLES

Tag1: AOS Staff Lounge

Item Finishes & Options:

SWAP Base Finishes : SWAP Base Finishes (~SBASE)

SWAP Base Finishes : 1-Tungsten (TUN)



corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 34	Global Industries, Inc. - USA Global Casegoods & Tables	1	\$165.61	\$165.61
GRBTP42	42" Dia x 1"H, Round, Top Only, 1 Base Required, Use w/ GRB28 Base, SWAP, TABLES			
	Tag1: AOS Staff Lounge			
	Item Finishes & Options: Laminate Top Option : (STD) Thermally Fused Laminate, High Performance (1" Thick) (~) SWAP Laminate Top Finishes : SWAP Laminate Top Finishes (~SLAM) SWAP Laminate Top Finishes : 1-Shaker Cherry (SKC)			
Line: 35	Global Industries, Inc. - USA Global Seating	4	\$77.44	\$309.76
6621	DUET, Armless, Wall Saver, Plastic Seat & Back, Std Sled Base, Chrome Frame, Std Non-Marking Glides, Stacks 12 High on Floor, 40 High on Dolly, GLOBAL SEATING USA			
	Tag1: AOS Staff Lounge			
	Item Finishes & Options: Polypropylene Back / Seat Selections : Polypropylene Back / Seat Selections (~DPLS) Polypropylene Back / Seat Selections : 1-Latte Beige [LAB] (LAB) Frame (Required) : F-Chrome Frame [CH] (CH) Packaging Option : (STD) Fully Assembled (~)			
Line: 36	Global Industries, Inc. - USA Global Seating	3	\$166.08	\$498.24
6661	DUET, 24"h, Counter Height Stool, Armless, Wall Saver, Plastic Seat & Back, Std Sled Base, Chrome Frame, Std Non- Marking Glides, Stacks 5 High on Floor, GLOBAL SEATING USA			
	Tag1: AOS Staff Lounge			
	Item Finishes & Options: Polypropylene Back / Seat Selections : Polypropylene Back / Seat Selections (~DPLS) Polypropylene Back / Seat Selections : 1-Latte Beige [LAB] (LAB) Frame (Required) : F-Chrome Frame [CH] (CH)			

AOS Staff Lounge.....\$1,428.46

AOS Waiting:



Customer: IMACI - CORPORATE INTERIORS

Sales Rep: Ashley Cash cash@imaci.net

Proposal

2016-13645

9/21/2016

corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 37	Global Industries, Inc. - USA Global Seating	5	\$341.48	\$1,707.40

3365 CAPRICE, Armchair, Std 4 Legged Base, Std Bullet Style
Glides, Does not Stack, GLOBAL SEATING USA

Tag1: AOS Waiting

Item Finishes & Options:

Single Fabric Upholstered Selection : Grade 08 (~08)

Grade 08 : Palatine (ARC) (~PALA)

Palatine (ARC) : 1-Sand (PA45)

Frame Options (Required) : F-Black Frame [BLK] (BK)

Glide Option : (STD) Bullet Style Glide (~)

Packing Option : (STD) RTA Code in Pricebook per Model (~)

Line: 38	Global Industries, Inc. - USA Global Seating	1	\$733.32	\$733.32
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7701NA RIVER, 24.5"w x 29.5"d x 32"h, Lounge Chair, Armless, Std
with Metal legs, Ganging Hardware Included (Both Sides),
Electrical Option Available, GLOBAL SEATING USA

Tag1: AOS Waiting

Item Finishes & Options:

Dual Fabric Upholstered Selection : Grade 08 (~08)

Grade 04 Seat : Allante (~ALLA)

Allante : 1-Pearl Grey Seat (A46E)

Grade 09 Back : ARCCOM (~ARCCOM)

MOONBEAM #2 : MOONSTONE #24 Back (AC-60581)

Leg Finish Options (Required) : F-Round Black Legs [BLK] (R2)

Power/USB Module Left Side (Seated) : Power/USB Module
not Required, Left Side (Seated) (~)Power/USB Module Right Side (Seated) : Power/USB Module
not Required, Right Side (Seated) (~)



corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 39	Global Industries, Inc. - USA Global Seating	3	\$1,167.61	\$3,502.83

7704NA RIVER, 48.5"w x 29.5"d x 32"h, 2 Seat Sofa, Armless, Std with Metal legs, Ganging Hardware Included (Both Sides), Electrical Option Available, GLOBAL SEATING USA

Tag1: AOS Waiting

Item Finishes & Options:

Dual Fabric Upholstered Selection : Grade 08 (~08)

Grade 04 Seat : Allante (~ALLA)

Allante : 1-Pearl Grey Seat (A46E)

Grade 09 Back : ARCCOM (~ARCCOM)

MOONBEAM #2 : MOONSTONE #24 Back (AC-60581)

Leg Finish Options (Required) : F-Round Black Legs [BLK] (R2)

Power/USB Module Left Side (Seated) : Power/USB Module not Required, Left Side (Seated) (~)

Power/USB Module Right Side (Seated) : Power/USB Module not Required, Right Side (Seated) (~)

Line: 40	Global Industries, Inc. - USA Global Seating	1	\$1,904.32	\$1,904.32
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7707NA RIVER, 72.5"w x 29.5"d x 32"h, 3 Seat Sofa, Armless, Std with Metal legs, Ganging Hardware Included (Both Sides), Electrical Option Available, GLOBAL SEATING USA

Tag1: AOS Waiting

Item Finishes & Options:

Dual Fabric Upholstered Selection : Grade 08 (~08)

Grade 04 Seat : Allante (~ALLA)

Allante : 1-Pearl Grey Seat (A46E)

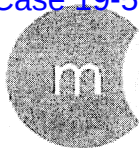
Grade 09 Back : ARCCOM (~ARCCOM)

MOONBEAM #2 : MOONSTONE #24 Back (AC-60581)

Leg Finish Options (Required) : F-Round Black Legs [BLK] (R2)

Power/USB Module Left Side (Seated) : Power/USB Module not Required, Left Side (Seated) (~)

Power/USB Module Right Side (Seated) : Power/USB Module not Required, Right Side (Seated) (~)



corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 41	Global Industries, Inc. - USA Global Seating	4	\$1,697.36	\$6,789.44

7711NA RIVER, 55"w x 29.5"d x 41.5"h, Inside Curve, High Back, 2 Seater, Armless, Std with Metal legs, Ganging Hardware Included (Both Sides), Electrical Option Available, GLOBAL SEATING USA

Tag1: AOS Waiting

Item Finishes & Options:

Dual Fabric Upholstered Selection : Grade 08 (~08)

Grade 04 Seat : Allante (~ALLA)

Allante : 1-Light Sand Seat (A25E)

Grade 10 Back : ARCCOM (~ARCCOM)

MURANO : BUTTERSCOTCH #2 Back (AC-69771)

Leg Finish Options (Required) : F-Round Black Legs [BLK] (R2)

Power/USB Module Left Side (Seated) : Power/USB Module

not Required, Left Side (Seated) (~)

Power/USB Module Right Side (Seated) : Power/USB Module

not Required, Right Side (Seated) (~)

Line: 42	Global Industries, Inc. - USA Global Seating	2	\$1,614.48	\$3,228.96
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7716 RIVER, 38"w x 29.5"d x 32"h, Corner Unit, Corner Sofa, Armless, Std with Metal legs, Ganging Hardware Included (Both Sides), Electrical Option Available, GLOBAL SEATING USA

Tag1: AOS Waiting

Item Finishes & Options:

Dual Fabric Upholstered Selection : Grade 08 (~08)

Grade 04 Seat : Allante (~ALLA)

Allante : 1-Pearl Grey Seat (A46E)

Grade 09 Back : ARCCOM (~ARCCOM)

MOONBEAM #2 : MOONSTONE #24 Back (AC-60581)

Leg Finish Options (Required) : F-Round Black Legs [BLK] (R2)

Power/USB Module Left Side (Seated) : Power/USB Module

not Required, Left Side (Seated) (~)

Power/USB Module Right Side (Seated) : Power/USB Module

not Required, Right Side (Seated) (~)



corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 43	Global Industries, Inc. - USA Global Seating	1	\$512.69	\$512.69
7734	RIVER, 36" Dia. x 17"h, Round Coffee Table, Electrical Option Available, Cannot Gang, High Pressure Laminate Only, GLOBAL SEATING USA			
	Tag1: AOS Waiting			
	Item Finishes & Options: River Laminate Options : River Laminate Options (~RVL) River Laminate Options : 1-Brushed Cobalt (SPCL) Leg Finish Options (Required) : F-Round Black Legs [BLK] (R2) Power/USB Module Coffee/ End Tables (Primary Location) : Power/USB Module not Required, Top Center (Primary Location) (~)			
Line: 44	Global Industries, Inc. - USA Global Seating	1	\$416.13	\$416.13
7738	RIVER, 15"w x 26.5"d x 17"h, Rectangular End Table, Electrical Option Available, Ganging Hardware Included (Both Sides), High Pressure Laminate Only, GLOBAL SEATING USA			
	Tag1: AOS Waiting			
	Item Finishes & Options: River Laminate Options : River Laminate Options (~RVL) River Laminate Options : 1-Brushed Cobalt (SPCL) Leg Finish Options (Required) : F-Round Black Legs [BLK] (R2) Power/USB Module Coffee/ End Tables (Primary Location) : Power/USB Module not Required, Top Rear/Edge (Primary Location) (~)			
Line: 45	Global Industries, Inc. - USA Global Seating	4	\$712.36	\$2,849.44
7738	RIVER, 15"w x 26.5"d x 17"h, Rectangular End Table, Electrical Option Available, Ganging Hardware Included (Both Sides), High Pressure Laminate Only, GLOBAL SEATING USA			
	Tag1: AOS Waiting			
	Item Finishes & Options: River Laminate Options : River Laminate Options (~RVL) River Laminate Options : 1-Brushed Cobalt (SPCL) Leg Finish Options (Required) : F-Round Black Legs [BLK] (R2) Power/USB Module Coffee/ End Tables (Primary Location) : M-Black, Power/USB Module, Top Rear/Edge (Primary Location) [BLK] (J4)			

**corporate interiors**

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 46	Global Industries, Inc. - USA Global Seating	2	\$247.25	\$494.50

7743 RIVER, 18" Dia. x 25.25"h, Round Laptop Table, Top sits above Arm, Base Slides under Sofa, Electrical Option not Available, Cannot Gang, High Pressure Laminate Only, GLOBAL SEATING USA

Tag1: AOS Waiting

Item Finishes & Options:

River Laminate Options : River Laminate Options (~RVL)

River Laminate Options : 1-Brushed Cobalt (SPCL)

Base Finish Options (Required) : F-Round Black Legs [BLK] (R2)

Line: 47	Global Industries, Inc. - USA Global Seating	3	\$874.38	\$2,623.14
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8481U ORION, 29"w x 31"d x 34.5"h, Lounge Chair, Std w/ Upholstered Armcaps, Std w/ Wood Legs, GLOBAL SEATING USA

Tag1: AOS Waiting

Item Finishes & Options:

Dual Fabric Upholstered Selection : Grade 08 (~08)

Grade 04 Seat : Allante (~ALLA)

Allante : 1-Pearl Grey Seat (A46E)

Grade 09 Back : ARCCOM (~ARCCOM)

MOONBEAM #2 : MOONSTONE #24 Back (AC-60581)

Tablet Options : M-Brushed Cobalt, Right Hand Tablet [BRC] (RTBRC)

Wood Leg Finish Options (Required) : F-Shaker Cherry, Wood Legs [SKM] (SK)

AOS Waiting.....\$24,762.17

LABOR:



Customer: IMACI CORPORATE INTERIORS

Sales Rep: Ashley Cash cash@imaci.net

Proposal

2016-13645

9/21/2016

corporate interiors

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 48	OSSI Inc., Office Systems Installations - Installation Services	1	\$3,904.41	\$3,904.41

Quote 51382

Labor to receive and install the following product after hours,
normal site conditions, no stairs, single phase:

Surgical Nurse: 2 Task Chairs
Pre/Post Op: 2 Task Chairs
Nurse Station: 2 Task Chairs
Consult Rm: Desk, grmt cut, 1 task chair, 2 guest chair
Business: 4 Task Chairs
Reception: 4 Task Chairs
Business Mgr Office: Desk, grmt cut, 1 task chair, 2 guest chair
Waiting Room: 3 Orion chairs, 5 Caprice Chairs, 2 small
occasional tables, 1 coffee table, 1 S-Shaped River sectional,
2 L-Shaped River Sectionals
Private Office: 1 L-Shaped Desk, grmt cut, 1 task chair, 2
guest chairs, 1 ML Lounge Chair & 1 occasional table
Dr's Lounge: 1 round mtg table w/ 4 chairs, 4 task chairs, 2
Lounge chairs & 1 occasional table
Conference: 1 Zira conf table, 10 conf chairs
Staff Lounge: 1 round mtg table w/ 4 chairs & 3 counter height
Duet stools

*Revised 9/15 to subtract 4 desks in Doctor's Lounge

Tag1: LABOR

LABOR.....\$3,904.41

Item No.	Item Description	Qty	Item Sell	Ext Sell
Line: 49	Teknion LLC - Freight Charges	1	\$70.00	\$70.00

Teknion LLC Complements under \$10K List Freight Charge

Item Grouping Summary:

- AOS Business Totals: \$1,229.72
- AOS Business Manager Totals: \$1,462.15
- AOS Conference Rm Totals: \$5,843.98
- AOS Consult Totals: \$1,462.15
- AOS Dr Lounge Totals: \$5,631.61
- AOS Nurse Stations Totals: \$1,610.40
- AOS Pre Post Op Totals: \$537.42
- AOS Private Office Totals: \$4,455.84



corporate interiors

- AOS Reception Totals: \$1,229.72
- AOS Staff Lounge Totals: \$1,428.46
- AOS Waiting Totals: \$24,762.17
- LABOR Totals: \$3,904.41

Subtotal.....\$53,628.03

Tax.....\$3,977.89

Total Amount.....\$57,605.92

Pay to:
IMA Corporate Interiors, LLC
Peachtree Dunwoody Road, Suite 210
Atlanta Georgia, 30328
Tel: 678-393-1299 Fax: 678-393-1297

Accepted by: _____ Date: _____

Fill in this information to identify the case:

Debtor name Associated Oral Specialties, Inc.
 United States Bankruptcy Court for the: Northern District of Georgia of _____ (State)
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name

Citizens Bank

Describe debtor's property that is subject to a lien

All inventory, furniture, a/r, accounts, equipment, machinery, etc.

\$ 758,000.00

\$ 249,928.96

Creditor's mailing address

PO Box 1900
 Elizabethton, TN 37644

Describe the lien

Agreement you made

Creditor's email address, if known

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor,

2.2 Creditor's name

Dedicated Funding

Describe debtor's property that is subject to a lien

See Exhibit "A" (Medical Supply Tools)

\$ 155,280.91

\$ 150,000.00

Creditor's mailing address

860 E. 4500 South
 Salt Lake City, UT 84107

Describe the lien

Agreement you made

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☒ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

Dedicated Funding, 1st; Financial
 Pacific Leasing, 2nd

- ☐ Yes. The relative priority of creditors is specified on lines _____

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 1,086,275.42

Debtor

Associated Oral Specialties, Inc.
Name

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3 **Creditor's name**
Financial Pacific Leasing

Describe debtor's property that is subject to a lien

See Exhibit "A" (Medical Supply Tools)

\$69,758.51

\$150,000.00

Creditor's mailing address

3455 South 344th Way
Suite 300, Auburn, WA 98001

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe the lien

Agreement you made

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☒ Yes. The relative priority of creditors is specified on lines 2.2

2.4 **Creditor's name**
High Speed Capital, LLC

Describe debtor's property that is subject to a lien

A/R

\$15,000.00

\$0.00

Creditor's mailing address

116 Nassau Street
Suite 804, New York, NY 10038

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe the lien

Agreement you made

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines _____

Debtor

Associated Oral Specialties, Inc.
Name

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.5 Creditor's name
Lendini

Describe debtor's property that is subject to a lien

A/R

\$40,000.00

\$0.00

Creditor's mailing address

884 Town Center Drive
Langhorne, PA 19047

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe the lien

Agreement you made

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines _____

2.6 Creditor's name
Pawnee Leasing Corporation

Describe debtor's property that is subject to a lien

See Exhibit "B" (Computer, Software, A/V, and Phone Equipment)

\$ 8,236.00

\$ 20,000.00

Creditor's mailing address

3801 Automation Way
Suite 207, Fort Collins, CO 80526

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe the lien

Agreement you made

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines _____

Debtor

Associated Oral Specialties, Inc.
Name

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.7 **Creditor's name**
The Fundworks, LLC

Describe debtor's property that is subject to a lien

A/R

\$40,000.00

\$0.00

Creditor's mailing address

5990 N. Sepulveda Blvd.
Suite 310, Van Nuys, CA 91411

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe the lien

Agreement you made

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines _____

2. **Creditor's name**

Describe debtor's property that is subject to a lien

\$ _____

\$ _____

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe the lien

Do multiple creditors have an interest in the same property?

☐ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

☐ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines _____

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

[illegible]

Fill in this information to identify the case:

Debtor Associated Oral Specialties, Inc.

United States Bankruptcy Court for the: Northern District of Georgia

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Georgia Department of Revenue
Bankruptcy Section
P.O. Box 161108
Atlanta, GA, 30321-0000

As of the petition filing date, the claim is: \$ 0.00

Total claim

Priority amount

\$ 0.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Taxes & Other Government Units

Date or dates debt was incurred

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

2.2 Priority creditor's name and mailing address

Internal Revenue Service
CIO
P.O. Box 7346
Philadelphia, PA, 19101-7346

As of the petition filing date, the claim is: \$ 0.00

\$ 0.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Taxes & Other Government Units

Date or dates debt was incurred

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

\$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (_____)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 3M Unitek Corporation 2724 South Peck Road Monrovia, CA, 91016 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 28,024.68
3.2	Nonpriority creditor's name and mailing address Benco Dental Company 295 Centerpoint Blvd. Pittston, PA, 18640 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 7,339.91
3.3	Nonpriority creditor's name and mailing address Chase Bank, N.A. P.O. Box 15123 Wilmington, DE, 19850 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 6,000.00
3.4	Nonpriority creditor's name and mailing address Henry Schein, Inc. 80 Summit View Lane Bastian, VA, 24314 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Monies Loaned / Advanced Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 21,000.00
3.5	Nonpriority creditor's name and mailing address Neuronexus1, Inc. 227 Sandy Springs Place Suite D236 Sandy Springs, GA, 30328 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Monies Loaned / Advanced Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 350,000.00
3.6	Nonpriority creditor's name and mailing address Southern Anesthesia and Surgical One Southern Court West Columbia, SC, 29169 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 5,154.96

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 0.00

5b. **Total claims from Part 2**

5b.

+

\$ 417,519.55

5c. **Total of Parts 1 and 2**

5c.

\$ 417,519.55

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Associated Oral Specialties, Inc.

United States Bankruptcy Court for the: Northern District of Georgia

Case number (if known): _____ Chapter 11

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

		Debtor is Lessee of real property. Lessee	LHT North Atlanta, LLC 353 North Clark St. Suite 3300 Chicago, IL, 60654
2.1	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name Associated Oral Specialties, Inc.United States Bankruptcy Court for the: Northern District of Georgia

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 <u>Freddie J. Wakefie</u>	Freddie J. Wakefield, Jr. 297 East Paces Ferry Road Suite 1006 Atlanta, GA, 30305	<u>Citizens Bank</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 <u>Freddie J. Wakefie</u>	Freddie J. Wakefield, Jr. 297 East Paces Ferry Road Suite 1006 Atlanta, GA, 30305	<u>The Fundworks, LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 <u>Freddie J. Wakefie</u>	Freddie J. Wakefield, Jr. 297 East Paces Ferry Road Suite 1006 Atlanta, GA, 30305	<u>Lendini</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 <u>Freddie J. Wakefie</u>	Freddie J. Wakefield, Jr. 297 East Paces Ferry Road Suite 1006 Atlanta, GA, 30305	<u>Pawnee Leasing Corporat</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 <u>Freddie J. Wakefie</u>	Freddie J. Wakefield, Jr. 297 East Paces Ferry Road Suite 1006 Atlanta, GA, 30305	<u>Financial Pacific Leasing</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 <u>Freddie J. Wakefie</u>	Freddie J. Wakefield, Jr. 297 East Paces Ferry Road Suite 1006 Atlanta, GA, 30305	<u>Dedicated Funding</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Associated Oral Specialties, Inc.
 United States Bankruptcy Court for the: Northern District of Georgia
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/14/2019 to Filing date
MM / DD / YYYY

☒ Operating a business
☐ Other _____

\$ 15,000.00

For prior year:

From 01/01/2018 to 12/31/2018
MM / DD / YYYY

☒ Operating a business
☐ Other _____

\$ 799,889.00

For the year before that:

From 01/01/2017 to 12/31/2017
MM / DD / YYYY

☒ Operating a business
☐ Other _____

\$ 481,204.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From _____ to Filing date
MM / DD / YYYY

_____ \$ _____

For prior year:

From _____ to _____
MM / DD / YYYY

_____ \$ _____

For the year before that:

From _____ to _____
MM / DD / YYYY

_____ \$ _____

Debtor Associated Oral Specialties, Inc. Case number (if known)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Creditor's name		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2. Creditor's name		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name		\$	
Relationship to debtor			
4.2. Insider's name		\$	
Relationship to debtor			

Debtor Associated Oral Specialties, Inc.
Name

Case number (if known)

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	Financial Pacific Leasing Creditor's name 3455 South 344th Way Suite 300 Auburn, WA 98001	Writ of Possession		\$
5.2.	Creditor's name			\$

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name			\$

Last 4 digits of account number: XXXX-

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	Citizens Bank v. Associated Oral Specialties, Inc., Daryl Wakefield, and Freddie Wakefield	Contract	Superior Court of Fulton County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number		136 Pryor St. Atlanta, GA 30303	
	2018CV306631			
7.2.	Henry Schein, Inc.		State Court of Fulton County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number	Contract	185 Central Ave SW 30303	
	18EV003905			

Debtor Associated Oral Specialties, Inc.
Name

Case number (if known)

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
Custodian's name		\$
	Case title	Court name and address
	Case number	Name
	Date of order or assignment	

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name			\$
Recipient's relationship to debtor			
9.2. Recipient's name			\$
Recipient's relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
			\$

Debtor Associated Oral Specialties, Inc. Case number (if known) _____
Name _____

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. Wiggam & Geer, LLC		01/2019	\$ 30,300.00
Address 50 Hurt Plaza, SW, Suite 1245 Atlanta, GA 30303			
Email or website address wgeer@wiggamgeer.com			
Who made the payment, if not debtor? Daryl Wakefield			

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____		_____	\$ _____
Address 			
Email or website address 			
Who made the payment, if not debtor? 			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____		_____	\$ _____
Trustee 			

Debtor Associated Oral Specialties, Inc.
Name

Case number (if known)

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			
13.2. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____	_____	_____
14.2. _____	_____	_____

Debtor Associated Oral Specialties, Inc. Case number (if known) _____
Name

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- ☒ diagnosing or treating injury, deformity, or disease, or
☒ providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Associated Oral Specialties, Inc. Facility name 5671 Peachtree Dunwoody Road, Suite 420 Atlanta, GA 30342	Dentist; Oral Surgery Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 5671 Peachtree Dunwoody Road, Suite 420, Atlanta, GA 30342	 How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.2. _____ Facility name	 Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	 How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☒ Yes. State the nature of the information collected and retained. private medical data and personally identifiable information

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☒ No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
_____	EIN: _____

Has the plan been terminated?

☐ No

☐ Yes

Debtor Associated Oral Specialties, Inc. Case number (if known) _____
Name

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Name _____	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	Name _____	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____			<input type="checkbox"/> No <input type="checkbox"/> Yes
Address _____			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____			<input type="checkbox"/> No <input type="checkbox"/> Yes
Address _____			

Debtor Associated Oral Specialties, Inc. Case number (if known) _____
Name

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
_____ Name			\$ _____

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
_____ Case number	_____ Name		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____ Name	_____ Name		_____

Debtor Associated Oral Specialties, Inc.
Name

Case number (if known)

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name		EIN: _____ Dates business existed From _____ To _____
25.2. Name		EIN: _____ Dates business existed From _____ To _____
25.3. Name		EIN: _____ Dates business existed From _____ To _____

Debtor Associated Oral Specialties, Inc. Case number (if known)

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. Freddie J. Wakefield, Jr. Name	From 04/17/2017 To 01/14/2019

Name and address	Dates of service
26a.2. Name	From To

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. Name	From To

Name and address	Dates of service
26b.2. Name	From To

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Name	

Debtor Associated Oral Specialties, Inc. Case number (if known)

Name

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1.

Citizens Bank

Name

PO Box 1900, Elizabethton, TN 37644

Name and address

26d.2.

Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

**Date of
inventory**

**The dollar amount and basis (cost, market, or
other basis) of each inventory**

\$

Name and address of the person who has possession of inventory records

27.1.

Name

Debtor Associated Oral Specialties, Inc. Case number (if known) _____
Name _____

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Freddie J. Wakefield, Jr.	297 East Paces Ferry Road Suite 1006, Atlanta, GA 30305	CEO and Owner	100
Daryl Wakefield	297 East Paces Ferry Road, NE Suite 1006, Atlanta, GA 30305	CFO	0
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	_____ To _____
_____	_____	_____	_____ To _____
_____	_____	_____	_____ To _____
_____	_____	_____	_____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Freddie J. Wakefield, Jr. Name 297 East Paces Ferry Road Suite 1006 Atlanta, GA 30305	72,000.00	_____	Distribution
Relationship to debtor CEO	_____	_____	_____

Debtor Associated Oral Specialties, Inc. Case number (if known)

Name and address of recipient

30.2

Name

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN:

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN:

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/14/2019
MM / DD / YYYY

X

/s/ Freddie J. Wakefield, Jr.

Printed name Freddie J. Wakefield, Jr.

Signature of individual signing on behalf of the debtor

Position or relationship to debtor CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

Debtor Name Associated Oral Specialties, Inc.

Case number (if known)

Continuation Sheet for Official Form 207

7) Legal Actions

Dedicated Funding, LLC

189916315

Contract

Third District Court, Salt Lake County, Utah

3636 Constitution Blvd., Salt Lake City, UT 84119

Pending

Financial Pacific Leasing, Inc. v. Associated Oral Specialties, Inc., et al

2018CV309803

Writ of Possession

Superior Court of Fulton County

136 Pryor St., Atlanta, GA 30303

Pending

Pawnee Leasing Corporation v. Associated Oral Specialties, Inc.

18EV003327

Contract

State Court of Fulton County

185 Central Ave SW, Atlanta, GA 30303

Pending

Fill in this information to identify the case and this filing:

Debtor Name Associated Oral Specialties, Inc.

United States Bankruptcy Court for the: Northern District of Georgia

Case number (If known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/14/2019
MM / DD / YYYY

X /s/ Freddie J. Wakefield, Jr.
Signature of individual signing on behalf of debtor

Freddie J. Wakefield, Jr.

Printed name

CEO

Position or relationship to debtor

United States Bankruptcy Court

IN RE:

Case No. _____

Associated Oral Specialties, Inc.

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Registered name and last known address of security holder	Shares (Or Percentage)	Security Class (or kind of interest)
Freddie J. Wakefield, Jr. 297 East Paces Ferry Road Suite 1006, Atlanta, GA 30305	100	Other (Sole Shareholder)
Daryl Wakefield 297 East Paces Ferry Road, NE Suite 1006, Atlanta, GA 30305	0	

United States Bankruptcy Court
Northern District of Georgia

In re: Associated Oral Specialties, Inc.

Case No.

Chapter 11

Debtor(s)

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 01/14/2019

/s/ Freddie J. Wakefield, Jr.

Signature of Individual signing on behalf of debtor

CEO

Position or relationship to debtor

3M Unitek Corporation
2724 South Peck Road
Monrovia, CA 91016

LHT North Atlanta, LLC
353 North Clark St.
Suite 3300
Chicago, IL 60654

Benco Dental Company
295 Centerpoint Blvd.
Pittston, PA 18640

Lendini
884 Town Center Drive
Langhorne, PA 19047

Chase Bank, N.A.
P.O. Box 15123
Wilmington, DE 19850

Neuronexus1, Inc.
227 Sandy Springs Place
Suite D236
Sandy Springs, GA 30328

Citizens Bank
PO Box 1900
Elizabethton, TN 37644

Pawnee Leasing Corporation
3801 Automation Way
Suite 207
Fort Collins, CO 80526

Dedicated Funding
860 E. 4500 South
Salt Lake City, UT 84107

Southern Anesthesia and Surgical
One Southern Court
West Columbia, SC 29169

Financial Pacific Leasing
3455 South 344th Way
Suite 300
Auburn, WA 98001

The Fundworks, LLC
5990 N. Sepulveda Blvd.
Suite 310
Van Nuys, CA 91411

Freddie J. Wakefield, Jr.
297 East Paces Ferry Road
Suite 1006
Atlanta, GA 30305

Georgia Department of Revenue
Bankruptcy Section
P.O. Box 161108
Atlanta, GA 30321-0000

Henry Schein, Inc.
80 Summit View Lane
Bastian, VA 24314

High Speed Capital, LLC
116 Nassau Street
Suite 804
New York, NY 10038

Internal Revenue Service
CIO
P.O. Box 7346
Philadelphia, PA 19101-7346

United States Bankruptcy Court

Northern District of Georgia

In re Associated Oral Specialties, Inc.

Case No. _____

Debtor

Chapter ¹¹ _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☐ FLAT FEE

For legal services, I have agreed to accept \$ _____

Prior to the filing of this statement I have received. \$ _____

Balance Due. \$ _____

☒ RETAINER

For legal services, I have agreed to accept a retainer of \$ 30,300.00

The undersigned shall bill against the retainer at an hourly rate of \$ 400.00

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☐ Debtor

☒ Other (specify) Neuronexus 1, Inc.

3. The source of compensation to be paid to me is:

☒ Debtor

☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

- A. prepare and file on behalf of the client all petitions, schedules, statements, plans, and other documents or pleadings;
- B. attend and represent the client at all meetings of creditors, hearings, trials, conferences, and other proceedings, whether in or out of court;
- C. provide legal advice to the client as to the rights, duties, and powers of the client as a debtor in possession in a chapter 11 case, and as to other matters arising in or related to the chapter 11 case; and
- D. otherwise assist, advise, and represent the client on matters related to the chapter 11 case as requested by the client

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
Adversary Proceedings Filed Against Debtor.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/14/2019

/s/ Will Geer, 940493

Date

Signature of Attorney

Wiggam & Geer, LLC

Name of law firm
50 Hurt Plaza, SW, Suite 1245
Atlanta, GA 30303
wgeer@wiggamgeer.com